

EMERGENCY INFORMATION

I. GENERAL

A. PARTICIPANT'S NAME	LIKES TO BE CALLED
B. CAREGIVER'S NAME	TELEPHONE NUMBER (INCLUDE AREA CODE) ()
C. STREET ADDRESS OF HOME/APARTMENT	
D. DIRECTIONS/CROSS STREETS	

II. EMERGENCY

A. PHYSICIAN'S NAME	TELEPHONE NUMBER ()	OTHER TELEPHONE NUMBER ()
OFFICE ADDRESS		
HOSPITAL PREFERENCE		
B. What is your medical plan in case of emergency? Where is your documentation kept? Is a living will in place?		

C. EMERGENCY CONTACTS

1. NEARBY NEIGHBOR/FRIEND/RELATIVE	TELEPHONE NUMBER(S)	
ADDRESS		RELATION TO PARTICIPANT
2. OTHER NEIGHBOR/FRIEND/RELATIVE	TELEPHONE NUMBER(S)	
ADDRESS		RELATION TO PARTICIPANT

3. EMERGENCY TELEPHONE NUMBERS:

Police, Fire, or Emergency Medical Help, Call 911

E. OTHER

III. INSURANCE/SUPPORT

A. MEDICAL COVERAGE	
1. MEDICARE NUMBER	LOCATION OF CARD
2. MEDICAID NUMBER	LOCATION OF MEDICAL COUPONS
3. MEDICAL INSURANCE NUMBER	CARRIER
LOCATION OF CARD	